

# GOOD NEWS ABOUT HEALTH COVERAGE!

Now, more children and teens qualify for  
free or low-cost medical, dental and vision  
care coverage programs!



Interested in more information?  
If so, please fill out this form  
and return it to your child's school  
or call 1-888-747-1222 (toll free).

Healthy kids  
make better  
students!

☐ Yes, please send me information and an application for health coverage in:

- ☐ English  
☐ Español  
☐ Հայերեն

- ☐ Việt Ngữ  
☐ 한국어  
☐ ગુજરાતી

- ☐ Hmoob  
☐ Русский язык  
☐ فارسی

- ☐ 中文  
☐ ខ្មែរ

DATE: \_\_\_\_\_

( )  
PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER

PARENT/GUARDIAN'S NAME

CHILD'S NAME

STREET ADDRESS/P.O. BOX

ZIP CODE

COUNTY

CITY

SCHOOL NAME

## PARENTS/GUARDIANS

Return this form to your child's  
school or call 1-888-747-1222 (toll free)  
for information.

## SCHOOL STAFF

Please forward this form to your School  
Food Services Director or District Health Staff.

## SCHOOL FOOD SERVICES DIRECTOR OR DISTRICT HEALTH STAFF

Please mail this form to:  
Healthy Families/Medi-Cal  
for Children Request  
State of California  
P.O. Box 2590

Rancho Cordova, CA 95741-2590

[www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)



### Parent/Guardian's Privacy Notice

The law requires us to tell you what we  
will do with any personal information  
you choose to send to us on this form.  
Healthy Families or the Department of  
Health Services will send you information  
on the Healthy Families/Medi-Cal for  
Families Program. This information will  
not be used for any other purpose. If you  
have questions about this form, please call  
1-888-747-1222 (toll-free).